1094572

FORM D



U. S. SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 Form D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this is an ICOP DIGITAL, INC. PRIVATE)	amendment and name has changed, and indicate chang	e.)
	☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section	n 4(6) ULOE PROCESS
Type of Filing: New Filing	Amendment	NAP 02 20
	A. BASIC IDENTIFICATION	(PIMIN OF
Enter the information requested about the issuer ame of Issuer (check if this is an amendment and name has changed, and indicate change.) Ista Exploration Corporation Iddress of Executive Offices (Number and Street, City, State, Zip Code) Iddress of Executive Offices (Number and Street, City, State, Zip Code) Iddress of Principal Business Operations (Number and Street, City, State, Zip Code) Iddress of Principal Business Operations (Number and Street, City, State, Zip Code) Iddress of Principal Business Operations (Number and Street, City, State, Zip Code) Iddress of Principal Business Operations (Number and Street, City, State, Zip Code) Iddress of Principal Business Operations (Number and Street, City, State, Zip Code) Iddress of Principal Business Operations (Number and Street, City, State, Zip Code) Iddress of Principal Business Operations (Number and Street, City, State, Zip Code) Iddress of Principal Business Operations (Number and Street, City, State, Zip Code) Iddress of Principal Business Operations (Number and Street, City, State, Zip Code) Iddress of Principal Business Operations (Number and Street, City, State, Zip Code) Iddress of Principal Business Operations (Number and Street, City, State, Zip Code) Iddress of Principal Business Operations (Number and Street, City, State, Zip Code) Iddress of Principal Business Operations (Number and Street, City, State, Zip Code) Iddress of Principal Business Operations (Number and Street, City, State, Zip Code) Iddress of Principal Business Operations (Number and Street, City, State, Zip Code) Iddress of Principal Business Operations (Number and Street, City, State, Zip Code) Iddress of Principal Business Operations (Number and Street, City, State, Zip Code) Iddress of Principal Business Operations (Number and Street, City, State, Zip Code) Iddress of Principal Business Operations (Number and Street, City, State, Zip Code) Iddress of Principal Business Operations (Number and Street, City, State, Zip Code) Iddress of Principal Business	THOMSON FINANCIAL	
Name of Issuer (check if this is an am Vista Exploration Corporation	endment and name has changed, and indicate change.)	
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
11011 King Street, Suite 260, Over	land Park, KS 66210	913-338-5550
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
same		
Brief Description of Business		Company with St
Design, management, and marketing	ng of law enforcement related products.	
Type of Business Organization ☐ corporation ☐ business trust		other (please specify):
	ion: (Enter two-letter U.S. Postal Service abbreviation	
GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making	ng an offering of securities in reliance on ar	evemption under Regulation D or
		revemption under regulation B of
When to File: A notice must be:	filed not later than 15 days after the first sale	
		te on which it is due, on the date it was
		N.W. Washington D.C. 20549
signatures.		
	iling fee.	
	ate reliance on the Uniform Limited Offerin	a Evenntion (III OF) for sales of
		• • •
	curities Administrator in each state where sa	
	e as a precondition to the claim for the exen	
	e shall be filed in the appropriate states in ac	
Appendix to the notice constitute	s a part of this notice and must be completed	d.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

	A. BASIC IDENTIFIC	CATION DATA								
2. Enter the information requested		CATIONDAIA								
	er, if the issuer has been or	roanized within the	nast 5 vears:							
	• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or									
more of a class of equity securities of the issuer;										
• Each executive officer and director of corporate issuers and of corporate general and managing partners of										
partnership issuers; and	d director of corporate issu-	cis and of corporate	general and the	maging partiters of						
	ng partner of partnership is:	GNO#6								
Check Box(es) that Apply: Promoter	⊠ Beneficial Owner		□ Director	General and/or Managing Partner						
Full Name (Last name first, if individual)										
Ross, Charles A., Sr.										
Business or Residence Address (Number at 11011 King Street, Suite 260, Overla										
Check Box(es) that Apply: Promoter	⊠ Beneficial Owner		□ Director	General and/or						
				Managing Partner						
Full Name (Last name first, if individual)										
Owen, David C.										
Business or Residence Address (Number ar										
11011 King Street, Suite 260, Overla	and Park, KS 66210									
Check Box(es) that Apply: Promoter	Beneficial Owner		□ Director	General and/or Managing Partner						
Full Name (Last name first, if individual)										
McCoy, Kenneth L.	16 6' 6 7' 61)									
Business or Residence Address (Number at 11011 King Street, Suite 260, Overla										
Check Box(es) that Apply: Promoter	Beneficial Owner	☐ Executive Officer	□ Director	General and/or						
Check Box(es) that ripply. [2] Tromoter	Deficitional Owner	- Executive Officer	Z Director	Managing Partner						
Full Name (Last name first, if individual)										
Mason, Roger L.										
Business or Residence Address (Number as	nd Street, City, State, Zip Code)									
11011 King Street, Suite 260, Overla										
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director Managing Partner	☐ General and/or						
Full Name (Last name first, if individual)										
Business or Residence Address (Number at	nd Street City, State Zin Code)									
Dustitess of Itestactive Frances (Frances as	na Biroci, City, Biato, Zip Code)									
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	Director Managing Partner	General and/or						
Full Name (Last name first, if individual)		 								
(
Business or Residence Address (Number as	nd Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner						
Full Name (Last name first, if individual)				<u></u>						
Business or Residence Address (Number and	nd Street, City, State, Zip Code)									

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				B. IN	FORMA	TION A	BOUT C	FFERIN	IG			
1.	Has the	issuer sold,	, or does the	issuer inte	nd to sell, t	o non-accre	dited inves	tors in this	offering?		Yes	No ⊠
2.	What is	the minimu	um investm		also in App l be accepte				ULOE.		\$ <u>N/A</u>	
3.	Does the offering permit joint ownership of a single unit?										Yes ⊠	No
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.											listed is an broker or
Full Nar N/A	ne (Last na	me first, if	individual)									
	s or Reside	nce Addres	s (Number :	and Street,	City, State,	Zip Code)						
Name of	f Associate	d Broker or	Dealer									·
States in			Has Solicit									
[AL] [IL] [MT] [RI]	(Check [AK] [IN] [NE] [SC]	"ALL STA [AZ] [IA] [NV] [SD]	TES" or ch [AR] [KS] [NH] [TN]	eck Individ [CA] [KY] [NJ] [TX]	iuai States). [CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	Al [HI] [MS] [OR] [WY]	States [ID] [MO] [PA] [PR]
	ne (Last na	me first, if	individual)									_ <u></u> _
Business	s or Reside	nce Addres	s (Number	and Street,	City, State,	Zip Code)						
Name of	f Associate	d Broker or	Dealer									
States in			Has Solicit TES" or ch								🗀 A	.ll States
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Full Nar	ne (Last na	me first, if	individual)									
Business	s or Reside	nce Addres	s (Number	and Street,	City, State,	Zip Code)	<u> </u>					
Name of	f Associate	d Broker or	Dealer									
States in			Has Solicit TES" or ch							***********	П. А	Il States
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE PROCE	EDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	Amount Alread Sold	ly
	Debt	\$	\$	_
	Equity	\$6,000,000	\$ 345,000	
	☐ Common ☒ Preferred			
	Convertible Securities (including warrants)	\$	\$ 345,000	_
	Partnership Interests	 \$	\$	
	Other (Specify)		\$	_
	Total		\$345,000	_
		2 <u>0'000'000</u>	\$343,000	
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors	Number Investors	Aggregate Dollar Amount of Purchases \$ 345,000	t
	Non-accredited Investors.		0	
	Total (for filings under Rule 504 only)		\$	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question I.	Town of	Dellas America	
	Type of offering	Type of Security	Dollar Amount Sold	
	Rule 505	•	\$	
	Regulation ARule 504		\$ \$	-
	Total		\$	-
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees. Printing and Engraving Costs. Legal Fees. Accounting Fees. Engineering Fees. Sales Commissions (specify finder's fees separately). Other Expenses (identify). Blue Sky Filing Fees.		\$50 \$5,00 \$20,00 \$8,00 \$ \$25,00 \$\$	000000000000000000000000000000000000000
	Total	🔼	\$ <u>60,00</u>	<u> 10</u>

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPE	110001110	OCELEDO
b. Enter the difference between the aggregate offering price given in response to Part C - Question I, and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."	\$_	5,940,000
Indicate below the amount of adjusted gross proceeds to the issuer used or proposed to be of the purposes shown. If the amount for any purpose is not known, furnish an estimate an	used for each	
to the left of the estimate. The total of payments listed must equal the adjusted gross processet forth in response to Part C - Question 4.b above.	eeds to the issuer	
	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and Fees	🛛 💲 180,000	□ \$ 220,000
Purchase of Real Estate.	\$	□ \$
Purchase, rental or leasing and installation of machinery and equipment		\$
Construction or leasing of plant buildings and facilities	offering	_ ⊔ ₃
a merger)a merger	🗆 \$	
Repayment of indebtedness		■ \$ 450,000
Working Capital	🗆 \$	🛭 \$350,000
Other (specify): Engineering, tooling and inventory	🗆 \$	■ \$ 4,800,000
Column Totals	· 🖂 \$ <u>180,000</u>	□ \$ <u>5,820,000</u>
Total Payments Listed (column totals added)		0,000
D. FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed by the undersigned duly authorized proceeding signature constitutes an undertaking by the issuer to furnish the U.S. Securities are its staff, the information furnished by the issuer to any non-accredited investor pursuant to pa	nd Exchange Commission,	upon written request of
Ssuer (Print or Type) Signature	Date	
Vista Exploration Corporation	. L Febru	uary ^{2,5} , 2004
Name of Signer (Print or Type) Title of Signer (Print or Type)		
Charles A. Ross, Sr. Chairman of the Bo	oard and Chief Exec	utive Officer
ATTENTION		

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	accredited St	sell to non- investors in tate — Item 1)	Type of Security and aggregate offering price offered in State (Part C – Item 1)	Type of Investor and amount purchased in State (Part C – Item 2)			Disc St (If y explan) Type of Investor and amount purchased in State		Disquali und State U (If yes, a explanation grant (Part E –	ler JLOE ttach an of waiver ted)
State	Yes	No		Number of Amount Non-Accredited Investors Number of Non-Amount Accredited Investors		Yes	No			
AL				in vesters		1				
AK		 					1		 	
AZ	 			 		 	+			
AR							_			
CA							 			
CO	 	 					<u> </u>		-	
CŤ		X	Series A Convertible Preferred Stock \$87,000	2	\$87,000					
DE			337,000							
DC									 	
FL										
GA						 		<u> </u>	 	
HI		 								
ID										
IL		-			 					
IN		 							 	
IA								<u> </u>	 	
KS		<u> </u>					 		1	
KY	<u></u>				 				 	
LA							+			
ME							-		 	
MD	 								-	
MA							 	 	 	
MI	 					-			1	
MN	 	 			 				+	
МО	 								+	

1	2 3			5						
	accredited S	sell to non- investors in tate - Item 1)	Type of Security and aggregate offering price offered in State (Part C – Item 1)	Type of Investor and amount purchased in State (Part C – Item 2)				Disqualification under State ULOE (If yes, attach an explanation of waiver granted) (Part E – Item 1)		
State	Yes	No		Number of Accredited Investors	Accredited Accredited			Yes	No	
MS				Investors		Investors			 	
MT		-				 				
NE		 								
NV									 	
NH		 							 	
NJ		X	Series A Convertible Preferred Stock \$42,000	1	\$42,000					
NM			312,000							
NY		X	Series A Convertible Preferred Stock \$216,000	3	216,000					
NC										
ND										
ОН										
OK										
OR										
PA										
RI										
SC										
SD										
TN										
TX										
UT										
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WA										
WV										
WI										
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